

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013530
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1065

FILED APR 16 1962

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Clayton**

Length of stay in 1b
D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Louis County Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **St. Louis**

c. CITY OR TOWN **Shrewsbury** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) **5017 Glennon Dr.** Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First **CLYDE** Middle **A.** Last **JONES**

4. DATE OF DEATH Month **Apr.** Day **1** Year **1962**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11-21-1907

9. AGE (last birthday)
54

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Repair Dep't.-Chevrolet

10b. KIND OF BUSINESS OR INDUSTRY
Div.-Gen'l. Motors Co.

11. BIRTHPLACE (City and state or country)
Danville, Ark.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Thomas Jones

13b. MOTHER'S MAIDEN NAME

Hattie Harvey

14. NAME OF HUSBAND OR WIFE

Stella M. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Stella M. Jones 5017 Glennon Dr.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Carbon monoxide poisoning**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

While seated in his own automobile and apparently repairing same in his own garage

20c. TIME OF DEATH Hour **5:00** Minute **00** Month **4** Day **1** Year **1962**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
garage (home premises)

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Shrewsbury St. Louis Missouri

21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.
Death occurred at **6:00 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Raymond H. Davis (Degree or title)

22b. ADDRESS
Coroner Clayton, Missouri

22c. DATE SIGNED
4/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Apr. 4, 1962

23c. NAME OF CEMETERY OR CREMATORY
Sunset Burial Park

23d. LOCATION (City, town, or county) (State)
St. Louis Co. Mo.

24. FUNERAL DIRECTOR

Kriegshauser 4228 S. Kingshighway Blvd.

ADDRESS

25. DATE RECD. BY LOCAL REG.

4-3-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

14002
24040

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98910

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11404

1292.3

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 4291

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.